

**APPLICATION FOR BUILDING OR USE PERMIT**

**Town of Cushing**

39 Cross Road Cushing, Maine 04563  
Tel. 207-354-2375 | FAX 207-354-1375

Received Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Town Clerk Signature: \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ MAP \_\_\_\_\_ LOT \_\_\_\_\_

SHORELAND ZONE DISTRICT \_\_\_\_\_ FLOODPLAIN DESIGNATION \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_

EXISTING USE \_\_\_\_\_ PROPOSED USE \_\_\_\_\_

ESTIMATED COST \_\_\_\_\_

DRIVEWAY / ENTRANCE PERMIT REQUIRED: Yes \_\_\_\_\_ No \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

NEW ADDRESS REQUIRED: Yes \_\_\_\_\_ No \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

CMP 1190 FORM REQUIRED: Yes \_\_\_\_\_ No \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

SUBDIVISION: Yes \_\_\_\_\_ No \_\_\_\_\_ NAME OF SUBDIVISION \_\_\_\_\_

TYPE OF FOUNDATION: \_\_\_\_\_

**PROPERTY INFORMATION**

Lot Size (in sq. ft. or acres)	<i>Total sq. ft. of all buildings</i>	<i>Lot Coverage (in percent)</i>
	<b>Present</b> _____	<b>Present</b> _____
	<b>Proposed</b> _____	<b>Proposed</b> _____
_____	<b>Total</b> _____	<b>Total</b> _____

<p style="text-align: center;"><b>Frontage</b></p> <p>Road _____ Shore _____</p>	<p style="text-align: center;"><b>Setbacks</b></p> <p>Front _____ Side _____ Road _____</p>	<p style="text-align: center;"><b>Number of Dwelling Units</b></p> <p>Present _____ Proposed _____ Total _____</p>
<p style="text-align: center;"><b>Number of Stories</b></p> <p>Present _____ Proposed _____ Total _____</p>	<p style="text-align: center;"><b>Height of Buildings</b></p> <p>Present _____ Proposed _____ Total _____</p>	<p style="text-align: center;"><b>Accessory Structures &amp; Decks</b></p> <p>Present _____ Proposed _____ Total _____</p>
<p style="text-align: center;"><b>Number of Bedrooms</b></p> <p>Present _____ Proposed _____ Total _____</p>	<p style="text-align: center;"><b>Number of Bathrooms</b></p> <p>Present _____ Proposed _____ Total _____</p>	<p style="text-align: center;"><b>Septic System Design</b></p> <p>Bedrooms Present _____ Bedrooms Proposed _____ Total _____</p>

**SHORELAND ZONE INFORMATION**

- A. Square feet of structure which is less than required setback: \_\_\_\_\_
- B. Square feet of expansion of structure which is less than required setback: \_\_\_\_\_
- C. Square feet expansion of portion of structure which is less than required setback: \_\_\_\_\_

**ADDITIONAL PERMITS, APPROVALS AND/OR REVIEWS REQUIRED**

- |                                       |                               |
|---------------------------------------|-------------------------------|
| _____ Planning Board                  | _____ Site Photos             |
| _____ Board of Appeals                | _____ Erosion Control Plan    |
| _____ Flood Hazard Development Permit | _____ Zoning District Change  |
| _____ HHE 200 (SEPTIC)                | _____ DEP                     |
| _____ Internal Plumbing Permit        | _____ Army Corps of Engineers |
| _____ Others _____                    |                               |

**Note:** Applicant is advised to consult with the Code Enforcement Officer and appropriate state and federal agencies to determine whether additional permits, approvals, and reviews are required.

**SITE PLAN**

Please include: Lot lines; area to be cleared of trees and other vegetation; the exact position of proposed structures, including decks, porches, and out-buildings with accurate setback distances from the shoreline, side, and rear property lines; the location of proposed wells, septic systems and driveways; and areas and amounts to be filled or graded. If the proposal is for the expansion of an existing structure, please distinguish between the existing structure and the proposed expansion.

Draw a simple sketch showing both the existing and proposed structures.

**FRONT OR REAR ELEVATION**

**SIDE ELEVATION**

I certify that all information given in the application is accurate. All proposed uses shall be in conformance with the application and the ordinances of the Town Cushing.

\_\_\_\_\_  
**Applicant/Property Owner's Signature:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_

\_\_\_\_\_

**APPROVAL OR DENIAL OF APPLICATION**

This application is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

If denied, reason for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Code Enforcement Officer:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_